



Land Division/Consolidation Permit Application

For Lot Splits, Boundary Line Adjustments, and Consolidations

Application Fee: \$275

The Village of Friendliness—Since 1870

Submission of this Land Division / Consolidation Application for review shall be accompanied by the City of Douglas Zoning Review Application and may require Declaration of Lot Consolidation; to conform with the Michigan Land Division Act PA 288 of 1967, Village of Douglas Subdivision Ordinance No. 118, as well as, Article 17 of the City of Douglas Zoning Ordinance.

Property Information: Lot Split Line Adjustment Consolidation Other

Address or Location: 938/950 CENTER ST. DOUGLAS 49406

Parcel Number: 03-59-017-061-00 / 03-59-017-040-30 Property Size: 0.5 / 0.32 ACRE

Legal Property Description: _____ Zoning District: R-2

Size and Legal Dimensions of Proposed lot(s) to Be Created: _____

If transfer of division rights are proposed in the land transfer, please provide the detailed information about the terms and availability of the proposed division.

Property Owner Information

Name: FOREST INN LLC (TERESA LANNING SOLE MBR) / TERESA LANNING

Phone Number: [REDACTED] Email Address: [REDACTED]

Mailing Address / PO Box PO BOX 250 City: DOUGLAS State: MI Zip: 49406

Application Requirements

- Copy of Recorded Plat or Other Official Maps
- Affidavit Signed by Applicant with Purpose and Utilities Existing/Proposed
- Scaled Drawing Illustrating Proposed Land Division
- Proof That All Standards of the Land Division Act and the City Ordinance Has Been Met
- History and Specification of Any Previous Land Division

Yes, I have read the City of Douglas Zoning Ordinance Article 17 Land Division Regulations

I hereby grant permission for City Administration, members of the Douglas City Council, Planning Commission, and/or Board of Appeals to enter the above described property (or as described in the attached) for the purpose of gathering information related to this application/request/proposal.

I hereby attest that all due and payable taxes or installments of special assessments pertaining to the land proposed to be divided are paid in

[Redacted signature area]

1/7/26

Date

FOR INTERNAL USE ONLY

CITY OF DOUGLAS ZONING REVIEW	
Approved <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>
Denied <input type="checkbox"/>	Permit Number _____
Rationale _____	
Fee Paid <input type="checkbox"/>	Application Requirements Met <input type="checkbox"/>
Plans reviewed by Planning Commission on: _____	Approved on: _____ (Attach Minutes)
Plans reviewed by City Council on: _____	Approved on: _____ (Attach Minutes)
Signature of Planning & Zoning Administrator _____	Date _____